

United States Department of **Agriculture**

Animal and Plant Health Inspection Service

I016388 Policy and Program Development 4700 River Road, Unit 149 Riverdale, MD 20737-1237 Telephone; 301/734-8968 ENOL 7-1 CY05 PERMANENT **Retire 07/10**

July 20, 2005

Document Processing Desk [6(a)(2)] Office of Pesticide Programs (7504C) U.S. Environmental Protection Agency Ariel Rios Building 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001

ATTN:

Norman Spurling

SUBJECT:

FIFRA, Section 6(a)(2) aggregate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period ending July 31, 2005.

EPA Reg. No. 66228-15M-44 Cyanide Capsules Active Ingredient: CAS No. 143-33-9

Sodium Cyanide

Incident Category No. of Incidents D-A H-E

3

1

per Dial 1. Dial 7/27/05 N. Spuling

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail kenneth.dial@aphis.usda.gov.

Sincerely.

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Dwit Borgste

David Bergsten Acting Chief, Environmental Services Policy and Program Development

Enclosure

APHIS Safeguarding American Agriculture APHIS is an agency of USDA's Marketing and Regulatory Programs An Equal Opportunity Provider and Employer

MAY 0-1-2005

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WEDLIFE SERVICES

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(Local Reproduction Authorized)

WS FORM 160-R (June 99)

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IF LABORATORY TESTS WERE PERFORMED.	LIST NAME OF TEST(S) AND RESULTS (# available, attach co	Diest:
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

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INCIDENT CODE		INCIDENT STAT			DATE WS BECAME	AWARE	ES USE ONLY
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EMPLOYEE NAME (To d	ontact for additional information	TELEPHONE NU	WIREK	CONTACT NAM	E (II NON-APHIS)		TELEPHONE NUMBER
DUTY STATION ADDRES	SS	<u> </u>		ADDRESS			
			·				
	MCIDENT LOCATION	COUNTY		SOURCE OF INF	ORMATION	_	
<u>.city</u>		COONT		Self Media	Telephone Call Oral Report	Letter Other	
EXPOSURE TYPE (Fyam	ples include spill, splash, drift.	runoff or other.)					
DOMESTIC	Dog Porce	0 M-44	TINU				
agricultural (specify crop	oles include commercial or b), rangeland/pasture, noncro c (specify), right-of-way (rail, uti	p area, fallow field, p	est/woods, ublic lands	application, mixin	ATING TO PRODUCT A gloading, reentry, during to manufacturing/formulation	ansport, rep	ICIDENT: [examples include air/maintenance of application
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NAME OF SUPERVISOR	1	SIGNATURE	·	, TE	LEPHONE NUMBER	<u> </u>	DATE
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WS FORM 16G-R (June 99)

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DOMESTIC ANIMAL, FAUNA, OR	FLORA INCIDENT - SUPPLEMENTAL R	DEPOT NIMEED
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"X" ONE	"X" ONE	NUMBER OR ACRES AFFECTED
Amphiblen Fish Bird Mammal	☐ Invertebruta ☐ Reptile ☐ Plant ☑ Dom	estic Wild
SPECIES COMMON NAME	BREED (II	known)
DOMESTIC DOM		TRALIAN SHOPAND CROSS
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		· · · · · · · · · · · · · · · · ·
DOG PULLED M-44 UN	IT & WAS FOUND WITHIN	SOGT. THE ANIMAL WAS DOA
•	•	
•		••
•		•
IF LABORATORY TESTS WERE PERFORMED, LIST	IAME OF TEST(S) AND RESULTS (if available, attach copi	es)·
N/A	•	•
74/10		
•		
MAGNITUDE OF THE EFFECT (e.g., miles of streams,	square area of terrestrial habitat)	
NO SPECT		·
3	·	•
	PLICATION (Include brief description of baiting if applicable	. GACH M-44 UNIT CONTAINS
10) M-44 UNITS WERD 86	TIME 6 SOCITION PASTUM	
. 98 GRAMS SOUM CYANIAS	(ALTIVE IN GRODIENT)	
WAS PREBAITING USED ON THE SITE (Describe)		
Yes X No		
_ ~		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANC	CES UNDER WHICH THE INCIDENT OCCURRED	3/4
RANGE AND MOS	DUITE + GRASSLAND MINTY	RO. BINIT WAS 34 MILE FOR
AND BECHMAN WITH		
a Ranch Houses	•	•
ADDITIONAL FACTORS		
DOMESTIC DOG WAS	NOT TIED UD D WAN	ocked From House. ALL
- Children to Day and a		THE DRICK TO
GATE SIGNS NERS PO	STUD. OCCUPANTS OF HO	450 WERE NOTIFICE PRIOR TO
		UNDERSTANDING OF INCOME.
SEALING OF EOMBINE	st. PET OWNERS WERE	UNUSTATIVE VIVE
•	•	
NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE
	į.	į.
		:

(Local Reproduction Authorized)

WS FORM 160B-R (June 99)

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

	6(a)(2)	ADVERSE EFFECTS IN	CIDENT INFORMA		
INCIDENT CODE		INCIDENT STATUS		DATE WS BECAME AWARE	
H-E	Dete	1-05 Update	Date of lest submission	4-1-05	REPORT NUMBER
EMPLOYEE NAME (To con	tact for additional informat	lion) TELEPHONE NUMBER	CONTACT NAME (H)	Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS		-	ADDRESS	· .	
	INCIDENT LOCATI		SOURCE OF INFORM	ATION 4	
CITY	STATE	COUNTY	Self (otter
agricultural (specify crop), (specify), recreational area (d	s include commercial o rangeland/pasture, nonc pecily), right-of-way (rail,	or residential eltes, forest/wood prop erea, fellow field, public land utility, highway)	application, midding/low equipment, during mar	ding, reentry, during transport, ivfacturing/formulation)	E INCIDENT: (examples include repair/maintenance of application
songe/f	PASTUR		BAD M	44 trisqu	
EPA REGISTRATION NUMBER	PRODUCT I	VAME	ACTIVI	INGREDIENT	
56228-19	5 N-4	14 Cyoniae (BO	Spolina C	ionipa.
WAS THE PRODUCT	WHAT WAS	THE DILLITION RATIO (II applicab		THE LABEL TIONS FOLLOWED GE	IS THE APPLICATOR RTIFIED (If applicable)
Concentrated Dilu			12 , *	Ma No	Yes No
Yes No	entional Misuse (4 7	Yes", explain)			•
SUMMARY OF THE INCIDEN	T (Altach supplemental fo	orm if needed)		. /	, -
I had	o finish	ed baiting	m-44	unit, w	as placin
Iid on &	lait jar	, in-44 wa	it pisch	larged.	Tasted &
smell ed	a small	I amount a	feyan	ile. Use	Amy !
Nitrite f	earls 7	for a wash	c preca	ution. L	10 exects
of eya	nipe.				as placing Tasted &
NAME OF PREPARER .	•	SIGNATURE	TELEPH	IONE NUMBER	DATE
NAME OF SUPERVISOR		SIGNATURE	TELEP	ONE NUMBER	DATE

(Local Reproduction Authorized)

WS FORM 160-R (June 99)

				• • • • • • • • • • • • • • • • • • • •	• • •		
		ROUTE OF	EXPOSURE			ES USE O	NLY
HUMAN INCIDENT - SUPPLEMENTAL RE	PORT	☐ Cres	A Respiratory	□ Ey• □ 4	REF	ORT NUMBER	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:	· · · · · · · · · · · · · · · · · · ·			•			
None, Tasked as	meled	la.	small a	mousie	6-A	odTum	Grant
No actual symptoms	or a	doers	e effe	ets			ζ.
	,						
•				. '			•
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TE	EST(S) AND RES	ULTS (If ave	table, attach copi	ba):			
None				•			
		-					
			•				
TIME BETWEEN EXPOSURE AND		1+	VOC OF MEDICA	L CARE SOUGHT			
ONSET OF SYMPTOMS WAS ADVERSE EFF	ECT THE RESUL	T OF	ILE OF BIOMY	L WOLL GOOGHI			
Suicide/homicide	☐ Yes 4	No	A			•	
Attempted Suicide/homicide	to Yes	190	No	re.			
	DEM	OGRAPHIC	\$				
Sex Made Age If formale, pregnant?	B		isca/	Tech	•		
		SURE DAT					
Amount of Posticide Duration of Expeditre	Weight Victim	ļ	es the exposure	occupational		work days lost to yexposure	Mness
unk/Trace N/FL	\ \text{20}	∞	∠ Y••	∐ No	4	Or-	-
WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, descri				/			
Sunglasses, gloves, lo	/-	a 0	-1:nf				
Sunglasses, gloves, lo	mgsie	E 04	2401			•	_
, ,							
ADDITIONAL FACTORS							
. 1							
Non							
:							
			-				
						` ,	
•		•					
NAME OF PREPARER	TANDIE	URE	·····		DATE		
NAME OF SUPERVISOR	SIGNAT	URE			DATE	·	
	1						

WS FORM 160A-R (June 99)

(Local Reproduction Authorized)

The following 6(a)(2) adverse incident categories must be reported to OSS within the stated time frames:

H-A Human - Death: Must be reported to OSS immediately.

H-B Human - Major: Allegation that a person may have exhibited symptoms which may have been life threatening, resulted in adverse, reproductive effects, or in residual disability. Report the incident to OSS upon receipt of verification of medical treatment or within 39 days of allegation.

H-C Human - Moderate: Allegations that a person may have symptoms more pronounced, more prolonged, or of a more systemic nature with minor symptoms. Usually some form of medical treatment would have been indicated. Symptoms were not life-threatening. Report the incident to OSS upon receipt of verification of medical treatment or within 30 days of allegation.

PD-A Property Damage with Risk to Human Health: Example: a fire or an explosion. Report the incident to OSS upon receipt of verification of police/fire department report or within 30 days.

W-A Wildlife - Major: If any of the following incidents described are alleged, report to OSS within 30 days:

- Caused by a pesticide currently in Formal Review for ecological review by EPA. No APHIS products are currently under Formal Review.
- Affected Fish: 1,000 or more individuals of a schooling species or 50 or more individuals of a non-schooling species in a single incident.
- Affected Bird: A pesticide other than a avicide affected 200 or more individuals of a flocking species, or 50 or more individuals of songbird species, or 5 or more individuals of a predatory bird species in a single incident.
- 4. Affected Mammal: A pesticide that is not intended for the control of mammalian species affected 50 or more individuals of a relatively common or herding species or 5 or more individuals of a rare or solitary species in a single incident.
- 5. Affected Reptiles and Amphibians: A pesticide that is not intended for the control of reptiles or amphibians affected 50 or more individuals of a relatively common species or 5 or more individuals of a rare or solitary species in a single incident.
- Involves effects to or illegal pesticide treatment (misuse) of a substantial tract of habitat (greater than or equal to 10 acres, terrestrial or aquatic).
- 7. Involves a major spill or discharge (greater than or equal to 5,000 gallons of pesticide).
- 8. Involves adverse effects caused by a pesticide to a Federally listed endangered or threatened species.

B-D Human - Minor: If person alleges some symptoms, but are minimally traumatic. The symptoms ended rapidly. Submit the report to OSS within the quarter.

H-E Human - Unknown: Symptoms are unknown, unspecified or all alleged to be of a delayed or chronic nature that may appear in the future. Submit the report to OSS within the quarter.

B-A Domestic Animal Death: Death including euthanization. Submit the report to OSS within the quarter.

D-B Domestic Animal - Major: Alleged to exhibit symptoms which may have been life-threatening or resulted in residual disability. Submit the report to OSS within the quarter.

D-C Domestic Animal - Moderate: Alleged to exhibit symptoms which are more pronounced, more prolonged or a more systemic nature but not life-threatening, usually requiring some form of treatment. Submit the report to OSS within the quarter.

D-D Domestic Animal - Minor: Alleged to exhibit minor symptoms. Submit the report to OSS within the quarter.

W-B Wildlife - Individual Animal Incident: Report allegations of deaths of individual animals. Submit the report to OSS within the quarter. Exception to the reporting requirement: the affected animal is categorized as a pest species and is a similar species to the target animal.

P-A Plants - Major: More than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

P-B Plants - Minor. Less than 45 percent of the acreage exposed to the pesticide is damaged. Submit the report to OSS within the quarter.

PD-B Property Damage - Moderate: The product is alleged to have caused damage in excess of \$5,000. Submit the report to OSS within the quarter.

PD-C Property Damage - Minor: Any allegation of property damage less than \$5,000 including reports which do not specify the amount of damage. Submit the report to OSS within the quarter.

ONT - All: Any allegation of affected nontargets not included in above categories. Example: beneficial insects. Submit the report to OSS within the quarter.

Failure of a Product to Perform: Submit reports to OSS within 30 days.







Work	Fask for: Pat Jaureguiberry Direct Control. Flag? F
Work Date:	04/15/2005
Agreement:	PREUIT
Property:	PREUIT:NM:10536
Activity:	CHEMICAL APPLICATION (PERFORMED)
Activity Measurements:	3 HOURS
Conflict & Loss:	COYOTES predation threat of CATTLE (CALVES)
Components & Take:	CHECKED M-44 CYANIDE CAPSULE 22 EACH Associated Take: I (EACH) DOGS, FERAL/FREE RANGING HYBRIDS actual count KILLED, NOT intentionally NOT targeted FIRED M-44 CYANIDE CAPSULE 2 EACH Associated Take: I (EACH) COYOTES actual count KILLED, intentionally targeted
Remarks:	ranch dog no collar. Notified owner
Project:	

CPTICHAL FORM SE (7-80) FAX TRANSMITT	AL or payer -
Taley alon	Phone 8
Fex # 5099-10	SENERAL SERVICES ADMINISTRATION

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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE WILDLIFE SERVICES

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	WS#SQADY	ERSE EFFECTS INC	SERVICES	DMAT	ION DEDODT	• •	•
	Oate New 4/./5-0	1	Date of last subm		ATE WE BECAMEN F THE INCIDENT		ES WE ONLY
EMPLOYEE NAME (To contact for	 	TELEPHONE NUMBER	CONTACT NA	VME (If Non		3	TELEPHONE NUMBER
DUTY STATION ADDRESS		I.	ADDRESS				
	NCIDENT LOCATION	<u> </u>	SOURCE OF	INFORMAT	DON		
CITY	STATE	COUNTY	Self Med		Telephone Call Oral Report	Letter Other	
EXPOSURE TYPE (Examples Inclu PULLED							
INCIDENT SITE (examples inclusoricultural (specify crop), rangel (specify), recreational area (specify) PASTURE RAMOH H	and/pasture, noncrop ar i, right-of-way (rail, utility, i SOUTM	es, fallow field, public lands highway)] OF	application, mi	xing/loadin		ensport, rep	ICIDENT: [examples include elr/maintenance of application
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME SODIU A	O CYMUIDE	-		IGREDIENT DIVM	ву	ANIDE
WAS THE PRODUCT Concentrated Diluted	WHAT WAS THE D	DILUTION RATIO (4 applicable QL % 90 DIL	le) paj Cyta nu dici		E LABEL ONS FOLLOWED No	CERTI	THE APPLICATOR FIED (If applicable) Yes No
S THERE EVIDENCE OF INTENTS	 DNAL MISUSE (H "Yes", c		,	<u> </u>			
SUMMARY OF THE INCIDENT (AND DOMESTIC ABOVE ABOVE AWARE OF NO COLLAR	DOG WA	DULLED	A	1 - 4 4	UNI	Τ.	OWNER
NAME OF PREPARER	SIG	НАТУЖЕ,		TELEPHO	one number		DATE
NAME OF SUPERVISOR	Šio	NA TURE	····	TELEPHO	MENUMBER	·	DATE
WS FORM 160-R (June 99)	(L	ocal Reproduction Authori	zed)	<u>L</u>	*	-	

· ·		•	ES USE ONLY
DOMESTIC ANIMAL, FAUNA, OR FLO	ORA INCIDENT - SUPPLEMI	NTAL REPORT FO	M PROPORT NUMBER
X. ONE		"X" ONE	ONUMBER OR OCCES AFFECTED
	Invertebrate Reptile Plant	Domestic • V	• : : : : : .
Amphibian Fish Bird Mammal PECJES COMMON NAME]		
DOMESTIC DOE ESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		PED BOR	DER COLLIE
ESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS	<i>E</i> 1 		
DOG WANDERED	FROM HEAD	QUARTERS	AND PUCCED
A M-44 UNIT -	NO COLLAN	<u>a</u>	
Laboratory tests were performed, list name	OF TEST(S) AND RESULTS (if available	e, attach copies):	
ť		·	
NK			
e li s			
AGNITUDE OF THE EFFECT (e.g., miles of streams, squa	re area of terrestrial hebitat)		
h (k			
STICIDE APPLICATION RATE AND METHOD OF APPLIC	ATION (Include brief description of balting	g if applicable)	
AS PREBAITING USED ON THE SITE (Describe)			
- · · · · · · · · · · · · · · · · · · ·			
SCRIPTION OF THE HABITAT AND CIRCUMSTANCES U	INDER WHICH THE INCIDENT OCCUR	RED	
DOG WANDERED	FROM HEA	DQUARTE	RS - SOUTH PA
		(• •	
			•
	A CONTRACTOR OF THE CONTRACTOR		
	, partie		
DITIONAL FACTORS			· · · · · · · · · · · · · · · · · · ·
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	SIGNATURE		DATE
DITIONAL FACTORS ME OF PREPARER	SIGNA TURB		DATE
	SIGNATURE		DATE
ME OF PREPARER			